

Sign Language Interpreter Registration Renewal

Change of information on this form must be reported by submitting a new registration form to the Office of the Deaf and Hard of Hearing (ODHH) within 10 days of the change.

PERSONAL INFORMATION				
APPLICANT'S NAME			DATE OF BIRTH (MM/DD/YYYY)	
MAILING ADDRESS	CITY	STATE	ZIP CODE	COUNTY OF RESIDENCE
FIRST TELEPHONE NUMBER (INCLUDING AREA CODE) () - <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Fax <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile				
SECOND TELEPHONE NUMBER (INCLUDING AREA CODE) () - <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Fax <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile				
EMAIL <div style="text-align: right;"><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile</div>				
AVAILABILITY				
I am currently employed or have a contract with the following Interpreter Referral Agency(ies) under which I will be providing interpreting services (check all that apply):				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> ASL Professionals</div> <div style="width: 33%;"><input type="checkbox"/> DSHS Independent Contractor</div> <div style="width: 33%;"><input type="checkbox"/> SEWSCDHH</div> <div style="width: 33%;"><input type="checkbox"/> All Hands CIS</div> <div style="width: 33%;"><input type="checkbox"/> EWCDHH</div> <div style="width: 33%;"><input type="checkbox"/> Sign For Life</div> <div style="width: 33%;"><input type="checkbox"/> CODAs Plus</div> <div style="width: 33%;"><input type="checkbox"/> Hand Dancer</div> <div style="width: 33%;"><input type="checkbox"/> Signing Resources and Interpreters</div> <div style="width: 33%;"><input type="checkbox"/> Columbia Language Services</div> <div style="width: 33%;"><input type="checkbox"/> Language Fusion</div> <div style="width: 33%;"><input type="checkbox"/> SignOn</div> <div style="width: 33%;"><input type="checkbox"/> Cross Cultural Communications</div> <div style="width: 33%;"><input type="checkbox"/> NW Interpreters</div> <div style="width: 33%;"><input type="checkbox"/> Universal Language Services</div> </div> <div style="margin-top: 5px;"><input type="checkbox"/> Other: _____</div> <div style="margin-top: 5px;"><input type="checkbox"/> Other: _____</div>				
I am generally available on (check all that apply):				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Days; Monday – Friday; 8 a.m. – 5 p.m.</div> <div style="width: 50%;"><input type="checkbox"/> 24/7; 24 hours / 7 days a week</div> <div style="width: 50%;"><input type="checkbox"/> Nights; Monday – Thursday; 5 p.m. – 8 a.m.</div> <div style="width: 50%;"><input type="checkbox"/> Emergencies: four hour notice/confirmation</div> <div style="width: 50%;"><input type="checkbox"/> Weekends; Friday, 5 p.m. – Monday, 8 a.m.</div> <div style="width: 50%;"><input type="checkbox"/> Holidays</div> </div>				
CERTIFICATION				
My certification has changed since my last registration with ODHH: <input type="checkbox"/> No <input type="checkbox"/> Yes				
If Yes, my new certification is: _____. I received this certification on (MM/DD/YYYY): _____. I have attached my certificate with the updated information.				
DECLARATION				
I understand I must register and be approved through the Office of the Deaf and Hard of Hearing before I can accept any interpreting assignments requested by DSHS administration(s)/division(s) to provide interpreting services.				
<input type="checkbox"/> I certify that the information which has been provided is true to the best of my knowledge. <input type="checkbox"/> I have read/understand the current NAD-RID Code of Professional Conduct and agree to abide by it. <input type="checkbox"/> I understand that some of my information will be on the DSHS website and Director of Interpreters. <input type="checkbox"/> I am a state employee and I am in compliance with DSHS Personnel Policy 531 "Employees Holding Outside Employment." A copy of the DSHS form (DSHS 03-023) or the appropriate Report of Outside Employment form is attached.				
I understand that if any of the information provided above is found to be false, it may preclude me from providing services under this contract. This document is signed and sworn under penalty of perjury. I certify that the above information is true and correct.				
SIGNATURE OF APPLICANT			DATE (MM/DD/YYYY)	
REGISTRATION SUBMITTAL				
Complete/attach the following required documents:				
<ul style="list-style-type: none"> DSHS Form 17-155A, Sign Language Interpreter Registration Renewal DSHS Form 09-653, Background Authorization Certificate or RID membership card (if applicable) 				
Submit these documents to:				
Department of Social and Health Services Office of the Deaf and Hard of Hearing PO Box 45301 Olympia, WA 98504-5301				